



HB 5251

March 6, 2014

Good afternoon. I'd like to thank the committee for allowing me to be heard regarding HB 5251: An Act Limiting Out-of-Pocket Expenses for Prescription Drugs.

As a representative of US Pain Foundation, and a chronic illness patient, I not only hear of the struggles faced by patients to pay for their medications but have been faced with those same struggles myself. The rising out-of-pocket costs for prescription drugs can make the decision to fill a prescription a difficult.

I have been faced with this decision twice, and have been forced to opt out of the treatment both times. At one point, I was receiving treatment for my Primary Immune Deficiency Syndrome. I received an IVIG every 4 weeks. At the beginning of the treatment, I was paying about \$350 each time. Difficult, but the benefit outweighed the illness I'd face without it. The co-pay then became 33%, or about \$1,000. I had to stop the treatment. I also suffer from severe atypical migraines which last weeks, not hours or days, sometimes distorting my vision for as long as 18-24 hours. My neurologist and I discussed using Botox. This is not to be confused with Botox used for dermatological or aesthetic purposes. This treatment is an approved medical treatment for treating migraines, and involves injections in the neck, at the base of the skull, delivered every 3 months. My insurance initially approved the procedure, but the co-pay put the treatment out of reach. After working with my physician, I was ready to go ahead, but this time the treatment was denied. I have also had increasing tremors in my extremities over the last year and a half. I expect to try more conventional treatment. It these do

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not help, my specialist has been using the same type of botulinumtoxinA treatment to help diminish the tremors. I know, however, that without help I will not be able to afford this treatment either.

The benefits of HB 5251 would benefit not only me, but also those with high annual medication costs whether specialty tier or not, by limiting the out-of-pocket cost per single prescription to \$100. Many higher tiered drugs are used by the most ill patients to help maintain their quality of life, and in some cases to sustain life.

It's important to note that HB 5251 would not prevent insurers from using tiered co-payment structures, or using 4<sup>th</sup>/5<sup>th</sup> or "specialty" tiers, as long as they do not exceed \$100. It would not require insurers to cover medications not on the formulary, or prevent them from using utilization management techniques to control medication costs.

Other states have begun taking steps to protect their residents and patients from these excessive out-of-pocket costs. Bills capping out-of-pocket costs passed in Vermont and Maine, and a bill capping prescription co-pays at \$150/prescription was passed in Delaware.

Because the benefits of this bill have the ability to help so many Connecticut residents, I urge your support of HB 5251.

Thank you  
Wendy Foster